

# **THE AREA PLAN CHECKLIST**

Includes Title III (B, C, D, E), V, VII, Community-Based Service Programs (CBSP), and the HICAP

**Instructions:** Check the boxes ☐ for completed items, as applicable. For completion of the Four-Year Plan, check the boxes in column C. For any unchecked box, provide an explanation on the last page of this checklist. For Annual Updates, check the boxes in the applicable year. **Section number six, Narrative Description of Relevant Changes, applies only to the Area Plan Update.**

## 1. Necessary Copies and Format

### REQUIRED

A	B	C	D	E	F
General Requirements for the Four-Year Plan	Annual Update Requirements	2005-09 Four-Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
All information is provided on single-sided sheets.	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A copy of the Area Plan has been E-mailed to the Department.	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An original copy of the Area Plan, Area Plan Checklist, and all required documents are attached.	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2. Transmittal Letter

### REQUIRED

A	B	C	D	E	F
General Requirements for the Four-Year Plan	Annual Update Requirements	2005-09 Four-Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
The Transmittal Letter signed by the AAA Director, Chair of the Advisory Council, and Chair of the Governing Board, has original signatures and is attached. *	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The signed Transmittal Letter will be submitted by: <input type="text"/> (enter date)	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Note: Approval of the Area Plan will be delayed pending receipt of a fully executed Transmittal Letter.

## 3. Strategic Plan: REQUIRED if a Strategic Plan is submitted as the Area Plan

A	B	C	D	E	F
General Requirements for the Four-Year Plan	Annual Update Requirements	2005-09 Four-Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
A Strategic Plan was submitted as the Area Plan. (A Strategic Plan Cross Reference Index is available by contacting CDA).	Yes, If applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Description of the Planning and Service Area (PSA)****REQUIRED**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>General Requirements for the Four-Year Plan</b>	<b>Annual Update Requirements</b>	<b>2005-09 Four-Year Plan</b>	<b>2006-07 Annual Update</b>	<b>2007-08 Annual Update</b>	<b>2008-09 Annual Update</b>
A brief description of the physical characteristics of the PSA is included.	Yes, If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of the demographic characteristics of the PSA is included.	Yes, If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of the unique resources and constraints existing within the PSA is included.	Yes, If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A broad description of the existing service system within the PSA is included.	Yes, If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. Description of the Area Agency on Aging****REQUIRED**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>General Requirements for the Four-Year Plan</b>	<b>Annual Update Requirements</b>	<b>2005-09 Four-Year Plan</b>	<b>2006-07 Annual Update</b>	<b>2007-08 Annual Update</b>	<b>2008-09 Annual Update</b>
A description of the type and characteristics of the AAA.	Yes, If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Mission Statement.	Yes, If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A current Organization Chart.	Yes, If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of how the AAA provides visible leadership in the development of community-based systems of care.	Yes, If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Agency type; such as Public, Private Non-Profit, or Joint Powers.	Yes, If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The AAA's funding sources.	Yes, If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. Narrative Description of Relevant Changes – REQUIRED FOR UPDATE ONLY**

*This section must include all changes related to all programs of services funded by grants from CDA*

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>Update Requirement</b>	<b>Annual Update Requirements</b>	<b>2005-09 Four Year Plan</b>	<b>2006-07 Annual Update</b>	<b>2007-08 Annual Update</b>	<b>2008-09 Annual Update</b>
Introduction with Narrative Description of Significant Changes, including esti-mated number of low-income, minority seniors	Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New, continued, revised, completed, or deleted goals and objectives are identified.	Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion of major changes and effects to the PSA and/or AAA.	Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes that may have reduced or increased quality or quantity of service.	Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. The Planning Process****REQUIRED**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>General Requirements for the Four-Year Plan</b>	<b>Annual Update Requirements</b>	<b>2005-09 Four-Year Plan</b>	<b>2006-07 Annual Update</b>	<b>2007-08 Annual Update</b>	<b>2008-09 Annual Update</b>
Discussion of steps involved in the planning process and how they fit in with the overall planning cycle.	<b>Yes, If changed</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion of the needs assessment process.	<b>Yes, If changed</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion of targeting.	<b>Yes, If changed</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of priorities.	<b>Yes, If changed</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. Goals and Objectives, including Targeting, Needs Assessment, and Service Unit Plan****REQUIRED**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>General Requirements for the Four-Year Plan</b>	<b>Annual Update Requirements</b>	<b>2005-09 Four-Year Plan</b>	<b>2006-07 Annual Update</b>	<b>2007-08 Annual Update</b>	<b>2008-09 Annual Update</b>
A goal and/or objective is identified for each program or service.	<b>Yes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goals and Objectives are included for each program or service funded by the AAA from the following sources: Check all that apply <input type="checkbox"/> Title III B <input type="checkbox"/> Title III B/VII(a)(b) <input type="checkbox"/> Title III C1 <input type="checkbox"/> Title III C2 <input type="checkbox"/> Title III D <input type="checkbox"/> Title III E <input type="checkbox"/> Title V <input type="checkbox"/> HICAP <input type="checkbox"/> CBSPs	<b>Yes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goals and objectives identified serve to create, expand, or enhance AAA direct or contracted services.	<b>Yes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title III B Program Development (PD) and Coordination (C) activities are distinctly identified.	<b>Yes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objectives clearly indicate the nature of the action, the party responsible for the action, the outcome of the action, how the action will be measured, and projected start and end dates of each objective.	<b>Yes.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Units of Service on the SUP are tied to a specific goal.	<b>Yes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Requirements for the Four-Year Plan	Annual Update Requirements	2005-09 Four-Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
<b>Targeting</b> criteria have been met and are included:⇒Specific objectives: for providing services to low-income minority individuals; ⇒Specific objectives for providing services to older individuals with disabilities, with particular attention to individuals with severe disabilities; ⇒Specific objectives for providing services to older individuals with limited English-Speaking ability; and ⇒Specific objectives for providing services to caregivers	<b>Yes</b> , If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of <b>Needs Assessment Activities</b> is included.	<b>Yes</b> , If needs assessment activities are planned or have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Service Unit Plans</b> are complete and reconcilable with appropriate budgets.	<b>Yes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 9. Older Americans Act Assurances

Older Americans Act Assurances	<b>No</b>	<input type="checkbox"/>			
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#### 10. Appendices

#### REQUIRED, IF CHANGES HAVE OCCURED

IA. Notice of Intent to Provide Direct Services (if applicable)	<b>Yes</b> , If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IB. Request for Approval to Provide Direct Services (if applicable)	<b>Yes</b> , If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Public Hearings	<b>Yes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Governing Board	<b>Yes</b> , If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Advisory Council	<b>Yes</b> , If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Priority Services	<b>Yes</b> , If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. Community Focal Points List	<b>Yes</b> , If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VII. Multipurpose Senior Center Acquisition and Construction Compliance Review	<b>Yes</b> , If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIII. Title III E Family Caregiver Support Program	<b>Yes</b> , If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IX. Sample Organization Charts, Planning Process and Funding Sources/Program Descriptions	<b>No</b>				
X. Legal Services	<b>Yes</b> , if changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For any unchecked boxes, identify the section number and provide an explanation: \_\_\_\_\_